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**FAX FILING IN U.S. PATENT & TRADEMARK OFFICE**

DATE: August 21, 2006

TIME: \_\_\_\_\_

TO: Commissioner For Patents	FAX NO.:	571-273-8300
FROM: Christopher A. Rothe, Reg. No. 54,650	ADMIN. ASST.:	Kathleen Spina
Patent NO.: 6,890,998	ATTY. DOCKET NO.:	RCHP-125US
TITLE: NOVEL THIOL ACTIVATION OF POLYURETHANES AND METHODS OF MAKING THE SAME		
Issue DATE:	May 10, 2005	ART UNIT: 1711
FIRST INVENTOR:	CONF. NO.: 9558	
TITLE OF DOCUMENT (and List of Attachments):		Power of Attorney and Correspondence Address Indication Form
Transmittal Sheet, Executed POA and Address Indication Form with an Executed Statement Under 37 CFR 3.73(b) and a Fee Address Indication Form.		

Total Number of Pages: 5 (including this form)

COMMENTS

**PLEASE NOTE OUR NEW ATTORNEY DOCKET NUMBER: RCHP-125US**

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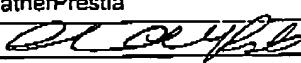
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Patent Number	6,890,998	<b>RECEIVED</b>
		Issue Date	May 10, 2005	<b>CENTRAL FAX CENTER</b>
		First Named Inventor	Ivan Alferiev	
		Art Unit	1711	<b>AUG 21 2006</b>
		Examiner Name	Rachel F. Gorr	
Total Number of Pages in This Submission 5		Attorney Docket No.	RCHP-125US	

**ENCLOSURES (Check all that apply)**

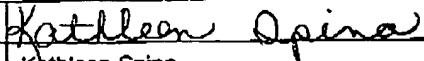
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; EXECUTED POA AND CORRESPONDENCE ADDRESS INDICATION FORM AND STATEMENT UNDER 37 CFR 3.73(b); FEE INDICATION FORM.
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**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher A. Rothe		
Date	August 21, 2006	Registration No.	54,650

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Signature	
Typed or Printed Name	Kathleen Spina
Date	August 21, 2006

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**POWER OF ATTORNEY  
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INDICATION FORM**

Patent Number	6,890,998
Issued Date	May 10, 2005
First Named Inventor	Ivan Alferiev
Title	NOVEL THIOL ACTIVATION OF POLYURETHANES AND METHODS OF MAKING THE SAME
Art Unit	1711
Examiner Name	Rachel F. Gorr
Attorney Docket Number	RCHP-125US

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

5/21/06

Name

Joseph J. DiDonato

Telephone

215-590-4660

Title and Company

JD, Director - The Children's Hospital of Philadelphia

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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